Committee on Ways and Means Witness Disclosure Requirement – "Truth in Testimony" Required by House Rule XI, Clause 2(g)

Your Name: Tracy L. Wareing			
 Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). 		Yes	No X
b. Briefly describe the capacity in which you represent this en	tity.		
Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies).		Yes X	No
American Public Human Services Association			
b. Briefly describe the capacity in which you represent this en	tity.		
The American Public Human Services Association is a non-profit, rorganization that represents state and local public human service ag 50 states, District of Columbia and territories. I am the Executive E Association.	encies from the		
3. Please list any Federal grants or contracts (including subgrants or subcontracted during the current fiscal year or either of the two previous fiscal years).	,	<u>ive</u>	
 APHSA has received Federal funds as a subcontractor through the following organizations: 2009-11 – Subcontract through Abt Associates for ISIS grant dollars provided by HHS/ASPE 2009-11 – Subcontract through Rutgers University for ODEP grant funding provided by DOL 2009-10 – Subcontract through Abt Associates for TAG grant funding provided by HHS/SAMSHA 2009-10—Subcontract through Deloitte Consulting for Center for Excellence grant funding provided by HHS/SAMSHA 			
4. Please list any offices or elected positions you hold.			
None.			
5. Does the entity(ies) you represent, other than yourself, have parent organisubsidiaries, or partnerships you are not representing?	*	Yes	No X

6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary.				
None				